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**\*BIBDATASHEET\***

CONFIRMATION NO. 8873

Bib Data Sheet

SERIAL NUMBER 10749,536	FILING DATE 12/30/2003  RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 00035.08CON
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/153,831 05/21/2002 PAT 6,740,308  
 which claims benefit of 60/294,203 05/24/2001  
 and claims benefit of 60/317,479 09/05/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 05/03/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials			

ADDRESS

37485  
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TITLE

Delivery of antihistamines through an inhalation route

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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